

# Division of Services for the Deaf and Harding of Hearing Utah Interpreter Program



## *Continuing Education Hours (CEH) Approval Application*

All CEH plans must be approved by the Utah Interpreter Program *prior* to the beginning of the activity.

Participant name _____			
Participant address _____			
City _____	State _____	Zip _____	
Home phone _____		Cell phone _____	

**CEHs requested** \_\_\_\_\_

1. Briefly describe the specific activity you will complete for CEHs. *(If this is for workshop ATTENDANCE, include title, date, time, location, and presenter; if for workshop PRESENTATION, use back side of this form.)*


2. Why did you choose this activity? *(Personal needs, professional growth, skill enhancement in a specific area, increased general knowledge, remaining current in the field?)*


3. What are your specific goals? *(Keep your goals measurable, observable, tangible.)*


### ***DSDHH Use Only***

**Approved** \_\_\_\_\_

**Denied** \_\_\_\_\_

**CEHs** \_\_\_\_\_

4. How will you accomplish your goals? (*Briefly describe your action plan.*)

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5. If you are presenting a workshop *for the first time*, please complete the following:

Workshop title: \_\_\_\_\_

CEHs requested: \_\_\_\_\_

Workshop summary:

[illegible]

## 6. Additional Comments

[illegible]